

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"INJECTION MOULD AND EJECTOR ARRANGEMENT THEREFOR"

the specification of which (check only one item below):

☒ is attached hereto.

☐ was filed as United States application

Number \_\_\_\_\_

on \_\_\_\_\_

and was amended

on \_\_\_\_\_ (if applicable).

☐ was filed as PCT international application

Number \_\_\_\_\_

on \_\_\_\_\_

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(e) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. §119
Sweden	0103378-6	10/10/2001	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

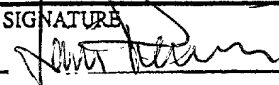
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

and: None

Address all telephone calls to: Benton S. Duffett, Jr. at (703) 836-6620.

(09/98

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (CONTINUED) (Includes Reference to Provisional and PCT International Applications)		ATTORNEY'S DOCKET NO. 003300-885	
FULL NAME OF SOLE OR FIRST INVENTOR Lars Persson		SIGNATURE 	
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RESIDENCE		DATE	
CITIZENSHIP			
POST OFFICE ADDRESS			
FULL NAME OF THIRD JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
CITIZENSHIP			
POST OFFICE ADDRESS			
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
CITIZENSHIP			
POST OFFICE ADDRESS			
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
CITIZENSHIP			
POST OFFICE ADDRESS			
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
CITIZENSHIP			
POST OFFICE ADDRESS			
FULL NAME OF SEVENTH JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
CITIZENSHIP			
POST OFFICE ADDRESS			
FULL NAME OF EIGHTH JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
CITIZENSHIP			
POST OFFICE ADDRESS			
FULL NAME OF NINTH JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
CITIZENSHIP			
POST OFFICE ADDRESS			